

EEOC Form 9 (11/05)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: <input checked="" type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC		Agency(ies) Charge No(s):
Illinois Department of Human Rights and EEOC <i>State or local Agency, if any</i>				
Name (Indicate Mr., Ms., Mrs.) Mr. Christa Specht		Home Phone (Incl. Area Code) [REDACTED]		Date of Birth [REDACTED]
Street Address City, State and ZIP Code [REDACTED], Chicago, IL 60647				
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)				
Name Bank of America, N.A.		No. Employees, Members 200,000 +		Phone No. (Include Area Code) (312) 922-9800
Street Address City, State and ZIP Code 201 South State Street, Chicago, IL 60604				
Name		No. Employees, Members		Phone No. (Include Area Code)
Street Address City, State and ZIP Code				
DISCRIMINATION BASED ON (Check appropriate box(es)) <input type="checkbox"/> RACE <input type="checkbox"/> COLOR <input checked="" type="checkbox"/> SEX <input type="checkbox"/> RELIGION <input type="checkbox"/> NATIONAL ORIGIN <input type="checkbox"/> RETALIATION <input type="checkbox"/> AGE <input checked="" type="checkbox"/> DISABILITY <input type="checkbox"/> GENETIC INFORMATION <input type="checkbox"/> OTHER (Specify)			DATE(S) DISCRIMINATION TOOK PLACE Earliest: 2012 Latest: 01/21/2015 <input checked="" type="checkbox"/> CONTINUING ACTION	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>Statement of Harm: I was discriminated against because of my disability and gender. Since 2011, I performed my job duties to my employer's satisfaction. In January 2015, I went out of leave because of my disability. However, my supervisor (John Jarka) refused to allow me to return to work and terminated my employment because of my disability.</p> <p>In addition, I was discriminated against because I am female. Throughout my tenure, I was subjected to gender-based discriminatory comments. In addition to the comments, Mr. Jarka substantially reduced the number of female managers under his supervision.</p> <p>Statement of Discrimination: I was discriminated against because of my disability and gender, in violation of the Americans with Disabilities Act of 1990, as amended; and Title VII of the Civil Rights Act of 1964, as amended.</p>				
I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.			NOTARY - When necessary for State and Local Agency Requirements	
I declare under penalty of perjury that the above is true and correct.			I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT	
Date <u>5/8/2015</u> Charge Party Signature <u>[Signature]</u>			SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)	



RECEIVED EEOC

MAY 13 2015

CHICAGO DISTRICT OFFICE